NEW HAMPSHIRE OFFICE OF ATTORNEY GENERAL CONSUMER PROTECTION AND ANTITRUST BUREAU

CONSUMER AFFAIRS SPECIALIST

APPLICATION

First Name	Middle	Initial	Last Name	
Apt or Street	City or	City or Town		Zip Code
Telephone	Date of	Birth	Languages spoken	
I am interested i	n joining the nex	xt Consu	mer Affairs Spec	ialist training program.
	Yes	No	_	
-	•	•	gram or am not s	onsumer Affairs Specialists selected for the program.
	1 es	NO	_	
I have read the r	materials include	ed in this	application pack	et. Yes No
	6 hours each we	eek for 52	weeks after train	ne required training and to ning is over, unless serious ible.
	Ves	No		

EDUCATION

Beginning with your high school, please list the name, address, city and state of all educational institutions from which you have attended and/or graduated. Please also list any educational programs that you may have attended as a member of the armed services or in connection with your work. Please also list any Certificates or Professional licenses that you may hold.
EMPLOYMENT
Please list your employment history.
VOLUNTEER AND OTHER EXPERIENCE
Please describe any experiences in your life that you feel will be useful if you are selected for training as a consumer affairs specialist. Please also include any prior service as a volunteer.

ADDITIONAL COMMENTS

Please use the space provided below if you would like to explain any of your responses to the questions on this form in more detail or if you would like to make any other comment.
How did you hear about our Volunteer Program?
I certify that all of the information that I have provided on this form to the New Hampshire Office of the Attorney General is true and accurate.
Date Signature
Please return to: Jane E. Brezosky, Paralegal

Jane E. Brezosky, Paralegal New Hampshire Office of the Attorney General Consumer Protection and Antitrust Bureau 33 Capitol Street Concord, New Hampshire 03301

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